



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

February 15, 2013

Ms. Paula Patorti, Administrator  
Our House At Park Terrace  
48 South Main Street  
Rutland, VT 05701

Provider #: 0146

Dear Ms. Patorti:

Enclosed is a copy of your acceptable plans of correction for the complaint investigation conducted on **January 14, 2013**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, reading "Pamela M. Cota".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



Division of Licensing and Protection

**TITLE**

(X8) DATE

R6XP11

Continuation sheet 1 of 8

— f.m.

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0146	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 01/14/2013
NAME OF PROVIDER OR SUPPLIER  OUR HOUSE AT PARK TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 46 SOUTH MAIN STREET RUTLAND, VT 05701		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R101	Continued From page 1 received medications and nutrition via a G-tube.	R101	<p>"Note 5.2, paragraph 3 date is wrong"</p> <p>Residents Code status or lack of is represented on each resident's binder spine - we have:</p> <ul style="list-style-type: none"> <li>mailed letters to all families/legal reps encouraging them to review Advance Directives in place or to consider a DNR if applicable.</li> <li>Established binder tagging and educated staff how to read "the code status" at a glance.</li> <li>Created a master list for manager, RN + Administrator</li> <li>Continue Advance Directives conversation pre-admission so all families are aware of protocol if none are in place.</li> </ul> <p>manager, RN + Administrator will monitor for changes and New Admissions per resident per incident.</p>	
R110 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.2 Admission  5.2.b. On admission, the home must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to determine if 5 of 9 residents had advance directives (Residents # 1, 3, 4, 6, 8). Findings include:  Per record review on 1/4/13 at 11:00 AM, the above 5 residents had no evidence of advanced directives on file. The facility Administrator confirmed this at 11:08 AM.	R110  R11D		
R126 SS=J	V. RESIDENT CARE AND HOME SERVICES  5.6 General Care  5.6.a Upon a resident's admission to a residential care home, necessary services shall be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.	R126		1/21/13

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NAME OF PROVIDER OR SUPPLIER  OUR HOUSE AT PARK TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 48 SOUTH MAIN STREET RUTLAND, VT 05701		
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R126	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility failed to provide necessary services to meet the medical needs of Resident #1 when the resident was found unresponsive. Findings include:  Per record review on 1/14/13 at 9:50 AM, staff did not notify the Emergency Medical System (EMS) or initiate Cardiopulmonary Resuscitation (CPR) after finding Resident #1 apparently deceased. Per a nursing note 1/7/13 at 2:15 AM, a caregiver found Resident #1 in a recliner in his/her room and resident had "passed away". A nursing note by a facility Registered Nurse (RN) dated 1/7/13 at 2:45 AM stated that Resident #1 was assessed by RN and found without heart or respiratory rates. Skin was cool to touch and pale. Rigor Mortis had started. RN pronounced the resident deceased at 2:45 AM.  Per record review, the resident had no advanced directives on file and there was no Do Not Resuscitate (DNR) order in the clinical record. On 1/14/13 at 10:45 AM, the Administrator confirmed that Resident #1 had no advanced directives and there was no DNR order. The Administrator also confirmed that the caregiver did not initiate CPR and EMS was not called. Per interview with the facility RN on 1/14/13, the RN stated s/he received a call from the caregiver at approximately 2:15 AM on 1/7/13 stating Resident #1 had died. The RN stated s/he contacted the facility Administrator and the decision was made for the RN to come to the facility and assess the resident. The RN stated that the drive to the	R126	Note - in this "Summary" it states "The RN stated that the drive to the facility was approx. 45 minutes". This should be <u>25</u> minutes - As the previous sentence and Paragraph state the RN received a call at 2:15 AM and pronounced the resident at 2:45 AM - "  R-126 • All charts have been "coded" on the binder spine - • Staff has been informed of how to know the code in an instant - • Death policy has been edited to call 911 before the RN in such a case.  RN, manager and Administrator will monitor for compliance -	1/21/13	

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 01/14/2013
NAME OF PROVIDER OR SUPPLIER  OUR HOUSE AT PARK TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 48 SOUTH MAIN STREET RUTLAND, VT 05701		
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R126	Continued From page 3 facility was approximately 45 minutes.  The RN stated that it was his/her belief that in lieu of an advanced directive or DNR order that CPR was to be initiated and EMS called. The RN confirmed that neither of these happened. The facility's "Death Policy" states that if a resident is found possibly deceased, check pulse. If it's weak, you cannot find one, or there are obvious signs of death, call RN immediately! The RN will advise whether to call 911.	R126			
R142 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.8 Level of Care and Nursing Services  5.9.b The following services are not permitted in a residential care home except under a variance granted by the licensing agency: intravenous therapy; ventilators or respirators; daily catheter irrigation; feeding tubes; care of stage III or IV decubitus; suctioning; sterile dressings.  This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the facility admitted and provided services to a resident with a feeding tube without a variance from the Licensing agency. Findings include:  Per record review on 1/14/13 at 9:50 AM, Resident # 1 was receiving feedings and medications via a gastrostomy (G) tube with the assistance and involvement of staff. Review of the Medication Administration records showed that the resident did indeed receive medications via the G-tube. Physician progress notes and the Resident's plan of care indicated that the Resident received tube feeding. At 11:55 AM on	R142 R-142	L.O.C. Variance requests will be submitted for any resident whose needs warrant such per regulation. Prior to admitting a resident in question or to retain a resident whose status would warrant such a request.  Administrator will monitor with weekly status meetings between manager and RN.		1/21/13
			R101, R126 + R142 POC's accepted RTremblay RN / PMC		2/12/13

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R142	Continued From page 4  1/14/13, the facility Administrator confirmed that the resident received medications and nutrition via a G-tube.	R142			